

K060706

5. 510(k) Summary

Introduction: According to the requirements of 21 CFR 807.92, the following information provides sufficient detail to understand the basis for a determination of substantial equivalence.

Submitter: Liberty Healthcare Group, Inc.
8883 Liberty Lane
Port St. Luce, FL 34952

Contact Person: John C. Gormley
American Biological Technologies, Inc.
940 Crossroads Blvd
Seguin, TX 78155
(830) 372-1391 ex. 210
Establishment Registration Number: 1643621

Device Name: Liberty Normal Glucose Control

Common Name: Single Analyte Control Solution, All Types (Assayed and Unassayed)

Classification Name: Quality Control Material (assayed and unassayed).

Classification: Class I per 21 CFR 862.1660

Product Code: 75 JJX

Panel: Chemistry

Predicate Devices:	Name:	OneTouch Ultra Control Solution
	Manufacturer:	LifeScan, Inc.
	510(k) No.:	K001427
	Name:	Ascensia Microfill Control Solution
	Manufacturer:	Bayer Healthcare
	510(k) No.:	K023657

Name: Accu-chek Active Control High Level

Manufacturer: Roche Diagnostics Corporation
510(k) No.: K011738

Name: Liberty Glucose Control

Manufacturer: Liberty Healthcare Group, Inc.
510(k) No.: K052980

Device Description:

The Liberty Normal Glucose Control consists of a viscosity-adjusted, aqueous liquid control solution containing a known quantity of glucose. The product is packaged in plastic dropper tipped bottles for easy application of the control solutions to the test strips and a red coloration to aid the user to visually confirm application of the control. The product is non-hazardous and contains no human or animal derived materials.

Intended Use:

The Liberty Normal Glucose Control is intended for in vitro diagnostic use by healthcare professionals and in the home by people with diabetes mellitus to assess the performance of the Bayer Ascensia Microfill, the Roche Accu-chek Active and the LifeScan OneTouch Ultra and FastTake Blood Glucose Monitors.

Comparison to Predicate Device:

Characteristic/ Aspect	Predicate Device No. 1	Predicate Device No. 2	Predicate Device No. 3	Predicate Device No. 3	New Product
Name	OneTouch Ultra Control Solution	Ascensia Microfill Control Solution	Accu-chek Active Control High Level	Liberty Glucose Control	Liberty Normal Glucose Control
510(k), Date	K001427, 06/02/2000	K02367 05/12/2003	K011738 06/20/2001	K052980 11/30/2005	
Number of Levels	1	1	2	1	1
Analytes	Glucose	Glucose	Glucose	Glucose	Glucose
Container	Plastic bottle with dropper- tip	Plastic bottle with dropper- tip	Plastic bottle with dropper- tip	Plastic bottle with dropper tip	Plastic bottle with dropper tip
Fill Volume	3 mL	2.5 mL	4 mL	3.6 mL	3.6 mL
Color	Red	Red	N/A	Red	Red

Characteristic/ Aspect	Predicate Device No. 1	Predicate Device No. 2	Predicate Device No. 3	Predicate Device No. 3	New Product
Matrix	Buffered aqueous solution of D-Glucose, viscosity modifier, preservatives, and other non-reactive ingredients	Buffered aqueous solution of D-Glucose, viscosity modifier, preservatives, and other non-reactive ingredients	Buffered solution containing D-Glucose, preservative and a thickening agent.	Buffered aqueous solution of D-Glucose, viscosity modifiers, preservatives, and other non-reactive ingredients	Buffered aqueous solution of D-Glucose, viscosity modifiers, preservatives, and other non-reactive ingredients
Indications for Use	Used with OneTouch Ultra Brand Systems, The OneTouch FastTake System, InDuo Brand Systems and OneTouch UltraSmart Systems to check that the meter and test strips are working together as a system and that the user is performing the test correctly	For use with the Ascensia Contour Blood Glucose Meter and the Ascensia <i>MICROFILL</i> Test Strips as a quality control check.	Used to perform quality control checks to ensure that the Accu-chek Active System is working properly and that the blood glucose results are reliable.	Used to check the performance of Medisense Blood Glucose Systems only.	Used to check the performance of OneTouch Ultra, OneTouch FastTake, Accu-chek Active, and Ascensia Microfill Blood Glucose Systems.
Target Population	Professional and home use	Professional and home use	Professional and home use	Professional and home use	Professional and home use

Performance Studies: Tests were performed to verify specific performance characteristics:

1. Stability (Accelerated and Real-time)
2. Open Vial
3. Microbial Stress Stability
4. Test precision

Conclusion: Comparison of the performance characteristics, formulation and intended use support the claim of substantial equivalence.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Liberty Healthcare Group, Inc.
c/o Mr. John Gormley
Vice President Quality Assurance/Regulatory Affairs
American Biological Technologies, Inc.
940 Crossroads Blvd.
Seguin, TX 78155

APR 28 2006

Re: k060706
Trade/Device Name: Liberty Normal Glucose Control
Regulation Number: 21 CFR §862.1660
Regulation Name: Quality control material (assayed and unassayed)
Regulatory Class: Class I
Product Code: JJX
Dated: March 14, 2006
Received: March 23, 2006

Dear Mr. Gormley;

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

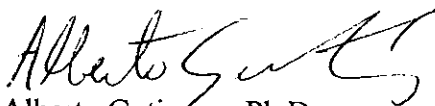
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (240) 276-0484. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Alberto Gutierrez", with a stylized flourish at the end.

Alberto Gutierrez, Ph.D.

Director

Division of Chemistry and Toxicology

Office of In Vitro Diagnostic Device

Evaluation and Safety

Center for Devices and

Radiological Health

Enclosure

4. Indications for Use Statement

510(k) Number (if known):

Device Name: Liberty Normal Glucose Control

Indications For Use:

For in vitro diagnostic use (i.e. for external use only) by healthcare professionals and in the home by people with diabetes mellitus to assess the performance of the Roche Accu-chek Active, the Bayer Ascensia Microfill, and the LifeScan OneTouch Ultra and FastTake Blood Glucose Monitors.

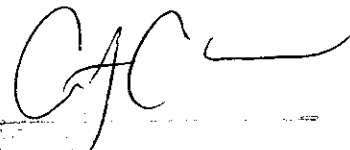
Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use X
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)



Director, Center for
Device and Radiological
Safety
510(k) k 060706